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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	FITZ 3-1-1
	First Inventor	JOHN L. FITZ
	Title	METHOD OF LOADING OPTICAL...
	Express Mail Label No.	ET126279188US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 17] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]</p> <p>5. Oath or Declaration [Total Pages 3]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)</p> <p>b. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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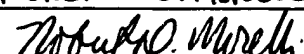
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____ / _____

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
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Name ATTN: PATENT COUNSEL, OGC					
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City	FT MEADE	State	MD	Zip Code	20755-6542
Country	USA	Telephone	301-688-0287	Fax	301-688-0076

Name (Print/Type)	ROBERT D. MORELL	Registration No. (Attorney/Agent)	37,398
Signature		Date	08-17-2001

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		Complete if Known	
TOTAL AMOUNT OF PAYMENT		Application Number Filing Date First Named Inventor Examiner Name Group Art Unit Attorney Docket No.	
(\$) 750.00		08-17-2001 JOHN L. FITZ FITZ 3-1-1	

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																												
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 14-0381</p> <p>Deposit Account Name: NATIONAL SECURITY AGENCY</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105 130</td><td>205 65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127 50</td><td>227 25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139 130</td><td>139 130</td><td>Non-English specification</td><td></td></tr> <tr><td>147 2,520</td><td>147 2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112 920*</td><td>112 920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113 1,840*</td><td>113 1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115 110</td><td>215 55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116 390</td><td>216 195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117 890</td><td>217 445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118 1,390</td><td>218 695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128 1,890</td><td>228 945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119 310</td><td>219 155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120 310</td><td>220 155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121 270</td><td>221 135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138 1,510</td><td>138 1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140 110</td><td>240 55</td><td>Petition to revive - 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	ROBERT A. MORELLI	Registration No. (Attorney/Agent)	37,398
Signature	Robert A. Morelli	Telephone	301-688-0287
		Date	08-17-2001

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